



AF  
JW

## CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on August 10, 2005.

Gloria L. Knox  
Gloria L. Knox

In Re Application of:

Kok-Meng Lee

Confirmation No.: 9107

Serial No.: 10/618,523

Group Art Unit: 3643

Filed: July 11, 2003

Examiner: Parsley, David J.

Docket No.: 62004-1621

For: **Automated Feet-Gripping System**

The following is a list of documents enclosed:

Return Postcard

Final Response and Amendment with Attachment "A" (Petition to file Color Drawings previously submitted 7/11/2003)

3 Sets - 36 Sheets of Color Formal Drawings;  
Amendment Transmittal Letter (Small)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

AUG 15 2005  
PATENT & TRADEMARK OFFICE  
USPTO

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Applicant(s): Kok-Meng Lee

Docket No.

62004-1621

Serial No.  
10/618,523

Filing Date  
July 11, 2003

Examiner  
Parsley, David J.

Confirmation No.  
9107

Group Art Unit  
3643

Invention: Automated Feet-Gripping System

Commissioner for Patents  
Mail Stop AF  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is Final Response and Amendment; Attachment "A"; three sets of formal color drawings; certificate of mailing and return postcard in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	38 -	45 =	0.00	X \$25.00	\$0.00
INDEP. CLAIMS	5 -	9 =	0.00	X \$100.00	\$0.00
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$
Other Fees:					\$
				<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>	<b>\$0.00</b>

- No additional fee is required.  
 Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.  
 A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.  
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$ \_\_\_\_\_.  
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
Timothy J. Wall, Reg. No. 50,743

8-10-2005

Date